

Expected Death in the Home Protocol
EDITH

Guidelines for Implementation

November 2017

Expected Death in the Home Protocol Guidelines for Implementation

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Expected Death in the Home Protocol Guidelines for Implementation

1. Overview

The Expected Death in the Home Protocol (EDITH) supports end of life care in the home and an individual's expressed wish for no resuscitation when their heart stops beating or they stop breathing.

Expected death refers to when, in the opinion of the health care team, the client is irreversibly and irreparably terminally; that is, there is no available treatment to restore health or the client refuses the treatment that is available.¹

The Edith Protocol supports the development of an End of Life Plan to identify the plan for pronouncement/certification of death in the home to allow for the timely removal of the body to the funeral home. When the physician supports the nurse pronouncing the death, the physician agrees to visit the funeral home within 24 hours of the death to sign the Medical Certificate of Death (MCOB). This reduces the stress for the family when death occurs and supports physicians to care for end of life clients in the community setting.

The use of the EDITH protocol will reduce the inappropriate use of Emergency Services such as Police, EMS, Fire and the Coroner.

2. Legislation

The *Health Care Consent Act, 1996*,² and the *Substitute Decisions Act, 1992*,³ enable a capable person to create an advance directive. Through an advance directive, the person can indicate the kinds of treatment he or she would like to be accepted or rejected in the event a person becomes incapable. If the person becomes incapable, these directives would be interpreted by the person's substitute decision-maker. Under the *Health Care Consent Act, 1996*, resuscitation is considered to be a treatment. There is no legal requirement to obtain a physician's written, telephone or verbal DNR order.²

There is no legal definition of who is able pronounce death. Nurses may pronounce death when death is expected

Currently, in Ontario only physicians and Nurse Practitioners (RN Extended Class) are able to determine the cause of death and sign the medical Certificate of Death.

The Do Not Resuscitate Confirmation Form - DNR C may be completed by a health care professional (MD, RN, RPN) to direct paramedic and firefighter not to initiate CPR. They may administer therapies to provide comfort or alleviate pain in the event they are called to the home (See Appendix 1).

¹ College of Nurses of Ontario, Practice Guideline: Guiding Decisions About End of Life Care, 2009 <http://hpcconnection.ca/wp-content/uploads/2014/07/GuidingDecisionsAboutEOLCare.pdf>

² Health Care Consent Act (1996) <https://www.ontario.ca/laws/statute/96h02>

³ Substitute Decisions Act (1992) <https://www.ontario.ca/laws/statute/92s30>

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Coroner's Act⁴

Duty to give information - Section 10(1)(a) Every person who has reason to believe a deceased person died as a result of,

- i. violence,
- ii. misadventure,
- iii. negligence,
- iv. misconduct, or
- v. malpractice;

shall immediately notify a coroner or police officer of the facts and circumstances relating to death.

In the case of Coroner involvement, the body must remain in the home until the Coroner speaks to the Physician/RN (EC) and authorizes release of the body.

3. Process

A. Completion of the Expected Death in the Home (EDITH) Form

The Health Care Professional:

- Initiates the discussion regarding advanced care planning with the patient and family and completes the first section of the form, indicating that the patient has an expressed wish for no resuscitation when their heart stops beating or they stop breathing.
- Contacts the physician/nurse practitioner to discuss the plan for certification/pronouncement of death and to confirm their role.
- Confirms with the family that the funeral home has been contacted and is aware of the completion of the EDITH Form.
- Documents the plan for pronouncement/certification of death, funeral home information on the EDITH Form.
- Signs and dates EDITH form.
- Removes white original of the EDITH Form and takes out of the home to send to NSM LHIN.
- NSM LHIN sends the form received to the Physician or RN (EC) and other NSM LHIN contracted providers.
- For patients that access Medical Assistance in Dying (MAID) the Care Coordinator, along with the patient's health care team, will support a seamless individualized process that will be complimentary to EDITH.

Primary Nurse is responsible to ensure that the family knows who to call when an expected death occurs, in particular not to call 911. Number of who to call to be written on cover of yellow package folder

⁴ Coroners Act Ontario <https://www.ontario.ca/laws/statute/90c37>
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When death occurs, the family follows the plan by:

- Contacting the nursing provider OR
- Contacting the Physician or RN (EC) to pronounce death

B. Pronouncement of Death

Nurse:

- Visits to pronounce death and support family.
- Notifies the Physician/RN(EC) of patient's death, noting date and time of death and reminds physician to visit the Funeral Home to complete the Medical Certificate of Death within 24 hours.
- Nurse to advise Physician/RN(EC) of any special circumstances recorded on EDITH form.
- Notifies the Funeral Home of death and arranges for removal of body in keeping with family wishes.
- Removes yellow copy of the EDITH Form and the In-Home Chart from the home.
- Leaves pink copy of EDITH Form and Medical Certificate of Death in the home for the Funeral Home.

Physician/RN (EC):

- Signs Medical Certificate of Death within 24 hours or makes suitable arrangements in consultation with the funeral home and in compliance with the Vital Statistics Act.⁵
- If a case meets requirements for reporting to the Office of the Chief Coroner complies with Coroners Act regarding duty to give information.
- Currently in Ontario, Physicians/RN (EC) who provide MAID are required to notify the coroner of the death, and provide facts, circumstances and all medical records related to the MAID process (discussions, assessments, prescription, procedure). Once a death is reported, the Office of the Chief Coroner will determine whether it is appropriate to investigate the death. If the Coroner is of the opinion that the death is to be investigated and investigates the death, the Coroner is required to complete and sign the Medical Certificate of Death.⁶

⁵ Vital Statistics Act, R.S.O. 1990, c.V.4 <https://www.ontario.ca/laws/statute/90v04>

⁶ Ministry of Health and Long-Term Care, Medical Assistance in Dying, 2017, <http://www.health.gov.on.ca/en/pro/programs/maid/>

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Funeral Home:

- Ensures the physician completes the Medical Certificate of Death.
- In the event the Attending Physician or his/her alternate are not available, they will contact the On-Call Coroner for assistance. The On-Call Coroner can be contacted by calling 1-855-299-4100.

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Appendix 1 – Do Not Resuscitate Confirmation



Ministry of Health
and Long-Term Care



Office of the
Fire Marshal

Serial Number _____

Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>	
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"><input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N.</p>	
<p>Print name in full</p> <p>Surname</p>	<p>Given Name</p>
<p>Signature</p>	<p>Date (yyyy/mm/dd)</p>

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

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Appendix 2 – Expected Death in the Home Form

DO NOT RESUSCITATE MEDICAL DIRECTIVE AND FUNERAL HOME TRANSFER FORM

Patient Name: <i>(print)</i>	Date:
Date of Birth:	Health Card Number:
The signature below identifies the above name person (or their substitute decision-maker, if incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.	
Health Care Provider's Name (print)	Signature
<input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN(EC) <input type="checkbox"/> NP <input type="checkbox"/> MD	Date
Tel # _____	After Hours #: _____
(Physician name, date – dd/mm/yy)	(Physician contact no in event of death)
Tel # _____	After Hours #: _____
(Alternative Physician name/ Physician Group)	(Physician contact no in event of death)

Funeral Home Information

Funeral Home: _____	Contact: _____	Print Name
Tel #: _____	Fax #: _____	

Pronouncement / Certification Plan

1. Physician will pronounce and certify death (Alternate : _____).
2. Nurse Practitioner will pronounce and certify death.
3. Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death at the Funeral Home within 24 hours of death.

Plan confirmed with Dr. _____ by _____

Health Care Provider's Name (print)	Signature
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Nursing Provider _____ After Hours #: _____ Date: _____

Agency contact no. in event of death

Special circumstances (e.g. organ/body donation, transfer out of region after death, Cultural/religious practices to be observed etc. (please describe):

Special circumstances communicated to relevant members of the care team

Pronouncement Information

Pronounced at home on _____ at _____

(Date – dd/mm/yy) (Time)

By _____ (Nurse) _____ (Agency)

Dr. _____ notified at _____ (Doctors name) _____ (Date – dd/mm/yy & time)

Funeral Home _____ contacted at _____ (Funeral Home contact name) _____ (Date – dd/mm/yy & time)

Are you aware of any infectious diseases(s)? Yes No (If yes, describe) _____

Coroner notified (if applicable by MRP) Coroner on call #1-855-299-4100 Yes No If yes, Name of Coroner, date and time notified: _____

Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the Medical Certificate of Death. The Funeral director will arrange with the Attending Physician for completion of the Medical Certificate of Death. In the event that the Attending Physician is not immediately available, his/her Alternate will be contacted. If no Physician can be contacted to certify death within 24 hours, the funeral home can contact the On Call Coroner for assistance. The On Call Coroner can be contacted by calling 1-855-299-4100.

It is requested that a Medical Certificate of Death be left attached to this form (not yet completed and unsigned by Physician). The DNR Confirmation form must be completed in full, and signed to be acted upon by Paramedics/Firefighters.

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Appendix 3 – Guidelines for Completion of EDITH Form

GUIDELINES – EXPECTED DEATH IN THE HOME FORM

Do Not Resuscitate Medical Directive and Funeral Home Transfer Form

Completion of EDITH Form

The Health Care Professional who initiates the discussion re advanced care planning is responsible to complete the Expected Death in the Home (EDITH) form and notify the LHIN CC, Physician, Primary Care Nurse and the Funeral Home that the plan is in place. The form is left in the yellow folder in the designated location. Note: Nurse removes white original to fax to LHIN.

Funeral Home Information

Health Care Professional:

- Confirms that the Funeral Home has been contacted, and is aware of the completion of the EDITH protocol.
- Completes this section on form

Pronouncement /Certification Plan

Health Care Professional:

- Discusses the certification/pronouncement plan with the physician to confirm the physician role.
- Documents plan on the form and signs and dates form.
- Notifies all members of the health care team.

Pronouncement Information

Health Care Professional:

- Documents date (dd/mm/yy), time, name and agency of person pronouncing.
- Documents name of physician, date (dd/mm/yy) and time they were notified.
- Documents name of funeral home, date (dd/mm/yy) and time they were notified.

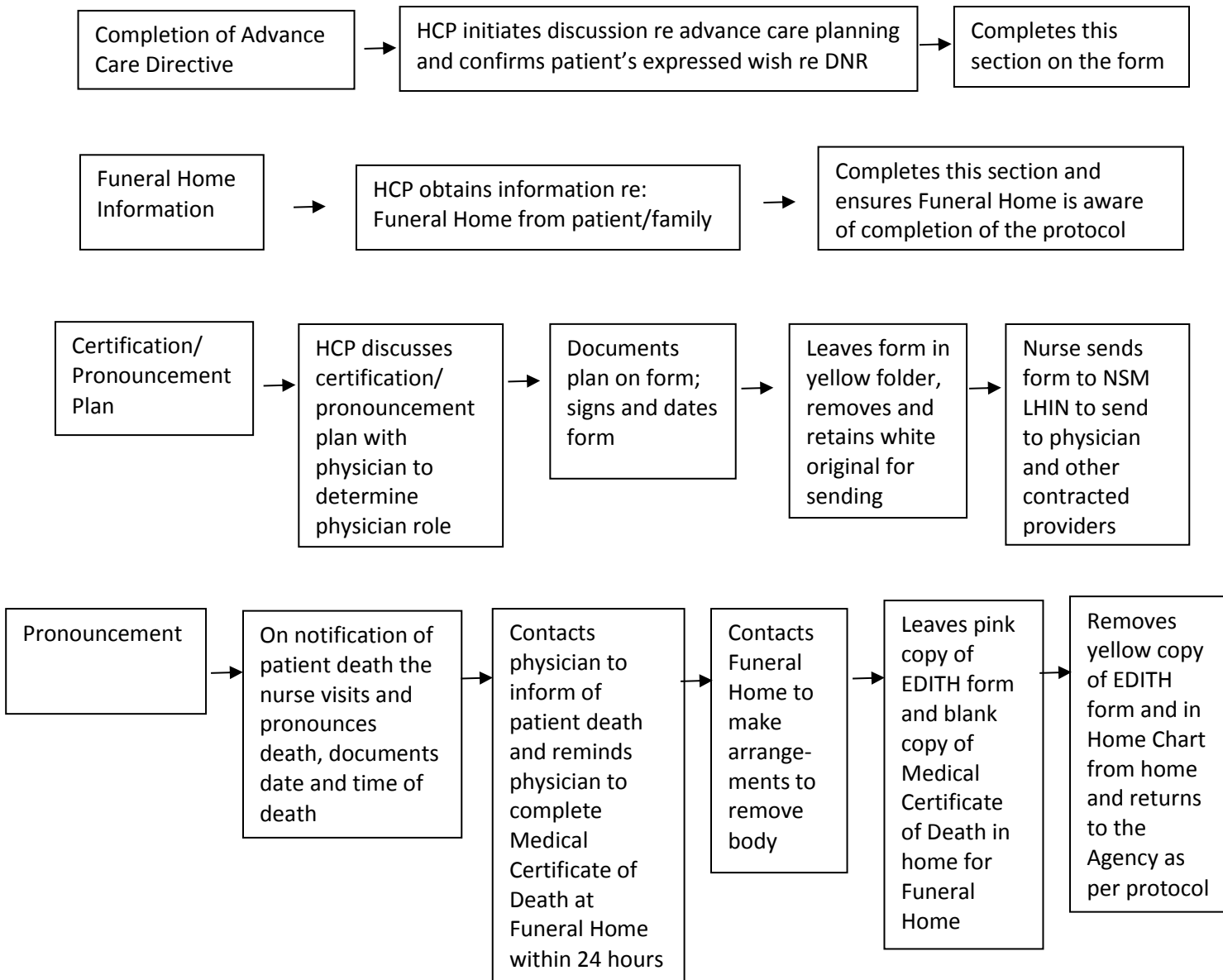
In the event that the Funeral Home is unable to contact the Attending Physician, or the Attending Physician cannot certify death within 24 hours of death, the Funeral Home will contact the On-Call Coroner for assistance. The On Call Coroner can be contacted by calling 1-855-299-4100

- | |
|---|
| <ul style="list-style-type: none">• White original – To be removed from the home by the Primary Nurse and faxed to NSM LHIN when the plan is put in place. NSM LHIN to fax to physician and other NSM LHIN contracted providers.• Yellow copy – is to be retained in nursing chart.• Pink copy – is to be retained by the Funeral Home |
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Process for Completion of Expected Death in the Home (EDITH) Form (Do Not Resuscitate Medical Directive and Funeral Home Transfer Form)

Health Care Professional (HCP)



In the event that the Funeral Home is unable to contact the Attending Physician, or the Attending Physician cannot certify death within 24 hours of death, the Funeral Home will contact the On-Call Coroner for assistance. The On-Call Coroner can be contacted by calling 1-855-299-4100.